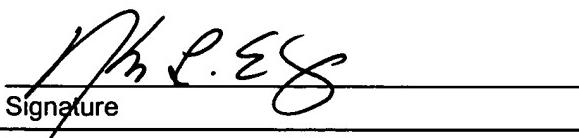


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102 - 574.00
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I hereby certify under 37 CFR 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to: BOX PATENT APPLICATION, Assistant Commissioner for Patents, Washington, D.C. 20231.	
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UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR §1.53(b)	
Attorney Docket Number	08472/716001
Applicant	Jen Sheen
Title	Stress-Protected Transgenic Plants
PRIORITY INFORMATION:	
This application claims priority from United States provisional patent application 60/032,966, filed December 13, 1996.	
APPLICATION ELEMENTS:	
Cover sheet	1 pages
Specification	37 pages
Claims	8 pages
Abstract	1 pages
Drawing	14 pages
Combined Declaration and POA, which is: <input checked="" type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application [**SERIAL NUMBER**] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	2 pages
Statement Deleting Inventors	pages
Sequence Statement	pages
Sequence Listing on Paper	pages
Sequence Listing on Diskette	pages
Small Entity Statement, which is: <input checked="" type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application [**SERIAL NUMBER**] and such small entity status is still proper and desired.	1 pages

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Preliminary Amendment	pages
IDS	pages
Form PTO 1449	pages
Cited References	pages
Recordation Form Cover Sheet and Assignment	pages
Assignee's Statement	pages
English Translation	pages
Certified Copy of Priority Document	pages
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$395	\$395.00
Excess Claims Fee: 48 -20 x \$11	\$308.00
Excess Independent Claims Fee: 10 - 3 x \$41	\$287.00
Multiple Dependent Claims Fee: \$135	
Total Fees:	\$990.00
<input checked="" type="checkbox"/> Enclosed is a check for \$990.00 to cover the total fees. <input type="checkbox"/> Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges, or any credits, to Deposit Account No. 03-2095.	
CORRESPONDENCE ADDRESS:	
Karen L. Elbing, Ph.D. Reg. No. 35,238 Clark & Elbing LLP 176 Federal Street Boston, MA 02110	Telephone: 617-428-0200 Facsimile: 617-428-7045
 Signature	<u>12 December 1997</u> Date